(b) if so, the details thereof;

(c) whether in view of large shortfall of male health workers, the family welfare and health programmes at CHCs are affected; and

(d) if so, the corrective steps Government proposes to take in consultation with the State Governments/Union Territories?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) Yes Sir, As per the Rural Health Statistics Bulletin of March 2008, overall, about 48.57% (4068 vacant out of 8376 sanctioned posts) of sanctioned posts of specialists at CHCs are vacant. Under the National Rural Health Mission (NRHM), states are compensating the gaps by positioning specialists on contract and as on date, 2344 specialists have been positioned in this manner.

There is indeed a large shortfall in number of male health workers available in the public health system. Many states have not sanctioned sufficient posts of the MPW (M) and many of the sanctioned posts continue to be vacant for long periods since no fresh recruitment is undertaken by the respective state. Various programmes of health and family welfare get affected by this shortage.

The Government has launched the National Rural Health Mission since April, 2005, to undertake comprehensive rejuvenation of the health delivery system in all the states. The critical role of MPW(M) has received focussed attention under the NRHM. A precondition has been imposed under NRHM that only those Sub Centres shall be allowed to position the second contractual ANM funded under NRHM where the MPW (M) is in position. Further, the NRHM is supporting the rejuvenation of the MPW(M) training schools in the states. In some of the districts with high malaria incidence in high focus states, MPW(W) have been recruited under the NRHM budget also.

Mortality rate

*178. SHRI T. K. RANGARAJAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India has the highest under-five mortality rate in the world;

(b) if so, the details of child deaths reported in the country, for the last three years, year-wise and State-wise;

(c) whether his Ministry has made assessment of the reasons for the high mortality rate;

(d) if so, the details thereof; and

(e) the details of steps taken or proposed to be taken in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Under Five Mortality rate is 72 per 1000 live births in India. As per the State of the World's Children UNICEF Report, 2009, India ranks as 49th out of 191 countries in the descending order of the Under Five Mortality Rate (U5MR).

(b) The sample registration System (SRS) of the Registrar General of India does not capture the Under Five Mortality Rate annually. The under Five Mortality rate for the country is captured through periodic National Family Health Surveys. The Under Five Mortality Rate for the last three surveys conducted so far (NFHS I. II and III) are given in the Statement *(See below)*.

(c) As per the Report on Causes of Deaths in India for the period 2001-2003 furnished by the Office of Registrar General, India, the major causes of child deaths in the age group of 0 to 4 yrs. in the country are:-

1. Peri-natal conditions (33%)
2. Respiratory infections (22%)
3. Diarrhoeal diseases (14%)
4. Other infectious and parasitic diseases (11%)
5. Symptoms, Signs and Ill defined conditions (3.4%)

(d) Under the umbrella of the National Rural Health Mission (NRHM) (2005-2012) the Reproductive and Child Health Programme Phase II, aims to improve access for rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care, with a special focus on 18 States which have weak public health indicators and weak infrastructure. This includes creation of new health facilities and upgradation of the existing ones, hiring of skilled manpower and mobile medical units.

The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM), comprehensively integrates interventions that improve child health and addresses factors contributing to morbidity and mortality.

(I) The key components of child health care which help reduce child morbidity and mortality are as follows:

- Integrated management of neonatal and childhood Illnesses (IMNCI) and Pre- Service Integrated management of neonatal and childhood Illnesses (IMNCI).
- Facility Based Integrated management of neonatal and childhood Illnesses (IMNCI).
- Early detection and appropriate management of Diarrhoea disease
- Early detection and appropriate management of Acute Respiratory Infections and other infections
- Navjaat Shishu Suraksha Karyakram (NSSK), a programme of Basic newborn care and resuscitation
- Infant and young child feeding
- Immunization
- Vitamin A supplementation and Iron and Folic Acid supplementation

Statement

Under Five Mortality Rate

NFHS	YEAR	U 5MR (number of deaths per 1000 live births)
NFHS I	1992-93	109
NFHS II	1997-98	95
NFHS III	2005-06	74

Revival of HCL

*179. SHRI PENUMALLI MADHU: Will the Minister of HEAVY INDUSTRIES AND PUBLIC ENTERPRISES be pleased to state:

(a) whether it is a fact that Hindustan Cables Limited (HCL) is not able to carry out its operations due to lack of working capital;

(b) whether it is also a fact that in spite of many requests the Ministry of Communications is not providing any orders to HCL;

(c) if so, the reasons therefor;

(d) what are the reasons for non-payment of salaries and statutory dues to the employees of HCL; and

(e) the measures Ministry is contemplating to revive HCL?

THE MINISTER OF HEAVY INDUSTRIES AND PUBLIC ENTERPRISES (SHRI VILASRAO DESHMUKH): (a) to (e) Hindustan Cables Limited (HCL) Kolkata is a Central Public Sector Enterprise and has been making losses since 1996. It has units at Rupnarianpur (West Bengal), Hyderabad (Andhra Pradesh) and Naini (Uttar Pradesh). The production operations in all the units are suspended for the last six years due mainly to higher cost of production and steep fall in demand because of which the Company is facing severe financial crunch. Consequently, HCL is not able to carry out its operations and pay salary to its employees and has been dependent on budgetary support from Government for the same. Government has approved release of funds to HCL for payment of salary and statutory dues to its employees upto June, 2009. Inability of HCL to carry out its operations cannot therefore be attributed to lack of working capital only.

It is however, a fact that HCL is not getting orders from the PSEs of Department of Telecommunications. In response to a request made in September, 2004 by the Department of Heavy Industry to the Department of Telecommunication (DoT) for placing orders on HCL, DoT expressed its inability stating that HCL had an outstanding order of 18.4 lakh conductor kilometer cable which it has not been able to deliver despite having received an advance of Rs. 239.78 crore from Bharat Sanchar Nigam Ltd. (BSNL). It had become difficult for HCL to manufacture the main line product namely Polythene Insulated Jelly Filled Cable (PIJF Cable) and optical